



Thesis
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by
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Illustrative Cases
of
Some rarer forms
of
Nervous Affection.

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On looking back over my three years practical work in search of a Subject for a Thesis, it occurred to me that during my limited experience, I had not seen a sufficient number of cases of any particular affection to enable me to generalize in any way, or even to comment upon with any show of original observation. I therefore thought it advisable to fix upon a few isolated cases which came directly under my notice, cases which seemed to me of peculiar ^{interest}, and which fittingly might be embodied in a paper such as this.

The first case which I have thought worthy of record, and which will occupy the greater part of this paper, is a case of Alcoholic Paralysis. From the Medical Journals I can see that this affection is at present attracting a good deal of attention, and, as this case was

unusually tedious and severe, all the leading characteristics of the complaint so far as I can find described being here manifested; and, moreover, as the patient is now recovering from what must have seemed to most an apparently hopeless condition, I have deemed it well worth narrating in detail. The second case of which I propose to give a short description, is a case of Hemiplegia coming on suddenly during the course of Scarlet Fever; while my third is an obscure nervous affection, whose chief features I cannot reconcile with anything recorded in Medical literature so far as I have seen.

The patient suffering from Alcoholic Paralysis came under my notice about ten months ago. He is a young man about 28 years of age, and, unfortunately for himself in very comfortable circumstances.

For some years back he had been in a rather unsatisfactory state of health, and during the last year or two had become a confirmed hypochondriac, refusing to see any one, sleeping during the day, and prowling about by night. Latterly, however, he began to experience considerable difficulty in walking owing to feebleness & pains in feet & legs. These pains getting gradually more severe he was at length persuaded to seek medical advice.

When first introduced to patient he seemed very nervous, and on his face there was a mixed expression of fear and anxiety. He answered questions satisfactorily enough but in a thick muffled tone of voice. He was suffering considerable pain, markedly increased on attempting to move the legs. On manipulating the limbs, however, it was evident that the pain was

not due to any condition of the joints but to excessive tenderness of the muscles. Passive motion or the slightest pressure, even that produced by the weight of the bed-clothes, seemed to cause him intense agony. The chief peculiarity, however, was the extreme sensitiveness of the toes and the fixed pain at the roots of the nails. The fingers and finger nails were not at this time particularly sensitive, though they ultimately became so, and with arms & hands participated in the general wasting. He had been subject at times to attacks of violent headache followed by free Epistaxis, but it will be seen further on, that Haemorrhages & passive Congestions have been marked features in the case.

Scarlet Fever and Measles from which he made satisfactory recovery, are the only illnesses from which patient has suffered

previously. There is one incident in his personal history, however, which might have some bearing on the case. At the age of twenty he was involved in a railway accident, but beyond slight shock at the time from which he soon rallied, he received no injury. For two years afterwards he seemed in good health, and, in fact up till then was considered a good athlete, though I fear somewhat intemperate in his habits. At the age of 23 or 24 he became very reserved, and since then has lived the life of a hermit, conducting himself as I have previously indicated. During his seclusion and up till the time of my first seeing him, he had been in the habit of consuming large quantities of wines & spirits, not getting intoxicated but drinking steadily.

So far as family history is concerned, the only thing of interest is the fact

of his father having died three years ago of Paralysis, following on Bright's disease, undoubtedly induced by the too free use of Stimulants.

Regarding the personal appearance of patient, I noticed that he looked much older than he really was, and too corpulent for one of his years. The tendency to corpulency is however hereditary. His face was puffy, one might almost say bloated, with skin very coarse, in marked contrast to what it ultimately became. He was very stout about the body while the legs looked somewhat thin and wasted, or at least proportionately small. His weight would be about 13 stones, while 6 months later I am sure he did not weigh more than nine. The muscles were soft, and, as I mentioned before extremely tender; while his legs felt so weak under him that he could not stand without support. With

the hyperaesthesia there was dulness to tactile impressions. His power of manipulation was also defective, as shown by his attempting to button his coat. He also complained of a feeling of tightness round the wrist similar to what you have in locomotor ataxia. On attempting to walk, he displayed marked incoordination of movement, while, when in bed, he never seemed to know in what position his legs lay, being unable to execute any movement without looking at them. Regarding the character of the pains, I inferred that occasionally they were of a sharp lancinating nature, from the fact, that at times he would imagine he had on his athletic shoes, and that the spikes were running in to his feet. On examining for both superficial and deep reflexes I found them all absent. Another very noticeable feature, was the almost complete loss of memory,

more particularly regarding recent events. What had happened years ago during his school days, he could recall fairly well; but of what occurred daily around him, he seemed to have little recollection. He had also been very sleepless for some time back owing to the severity of the pains. The temperature at this time varied from 101° to 102° Fahr., the pulse being about 120, small and compressible. There was slight puffiness about the ankles and underneath the eyelids, which was sufficiently accounted for by the condition of the kidneys. From youth patient had been short sighted, so that we could attach no significance. The Conjunctivae were congested, and had a decidedly yellow tinge. He had at this time also a rather troublesome cough with bloody expectoration, due I think to congestion of Pharynx + Larynx, there being nothing in

the condition of the Lungs to account for it. The cough also seemed to come and go periodically. We would hear nothing of it for perhaps two or three weeks, and then, without any appreciable cause, it would come back as troublesome as ever. The Gums were also spongy & bleeding. The tongue was very characteristic, large, flabby, teeth indented, red, & irritable. The bowels were loose, motions dark, blood appearing occasionally. The appetite was bad though there was no marked sickness; breath was foetid, while from the body generally & more or less during the whole illness, there seemed to exhale a somewhat unhealthy odour. The Liver was slightly enlarged, and kidneys congested, the urine being scanty, depositing reddish sediment, and with considerable quantity of albumen in it. Later on the amount of Bile in it was very noticeable.

Occasional attacks of palpitation occurred with pain over the precordial region. I could make out no dilatation, but heart sounds seemed weak & muffled. The nature and character of pulse has been already alluded to. On examining abdomen I found the superficial veins much enlarged and tortuous.

Such were the leading features of the case as first presented to me, the most peculiar and characteristic being the tendency to hæmorrhages, the absence of all the Reflexes, cutaneous hyperæsthesia, muscular tenderness, peculiar sensitiveness of the nails, the loss of motor power and the soft atrophied condition of the muscles. These in conjunction with the history ultimately guided to a diagnosis, though not for some time. The presence of so many ataxic symptoms proved confusing. There was however no history

of Syphilis, nor venereal excesses, nor any other probable cause of Spinal Complaint excepting the railway accident. The future progress of the case however dispelled all doubt. Having arrived at a satisfactory conclusion as to the nature of the case, I was inclined to take a rather favourable view^{of it}, and more particularly after looking into the literature on the subject. Having withdrawn the stimulants, I hoped the reparative powers of nature would at once come into play and lead to rapid recovery. The system was however evidently too thoroughly saturated, and the inflammatory action, if such be the pathology, had involved too seriously the Nervous system for such a fortunate issue.

Treatment was first directed towards allaying pain and relieving Congestion of the internal Organs. The pains in the limbs proved most intractable. Bromide of Potassium

Chloral, Belladonna, internally & externally, were quite ineffectual. Other Anodynes also proved unavailing. Bathing the feet and legs in very hot water seemed to give temporary relief, as also did a very mild current of Galvanism applied by means of Puhnermacher's Chain Battery. The soothing effect was very transient however. Faradism as one would expect was very painful. In this extremity I was forced to give Morphia hypodermically, which I did with some misgiving, owing to the congested condition of the internal organs and the imperfect elimination. I gave very moderate doses however, supplemented at bedtime by dose of Chloral. This suited very well & kept the pains fairly in abeyance; in this way also a fair nights rest was secured. This treatment was continued for about two months, when it was gradually broken off, owing to the pains having lost their acuteness.

On using the hypodermic needle, I was struck by the want of sensitiveness displayed on pushing it deeply into the tissues. The morphia was injected and the needle withdrawn almost, before patient gave any evidence of having felt it. At this period, therefore, there was marked dulness to really painful impressions, and also slowness in the conduction of pain, the impression evidently taking some seconds to reach the Cerebrum. Even then he seemed to have but a very indistinct idea of what had been done, imagining at times that something hot had been applied to the skin.

Under the influence of Annonised tincture of Podophyllum, the River returned to its natural size. The bowels acted more regularly, while the motions assumed a lighter and more healthy appearance. Potash salts & Digitalis relieved the kidneys & strengthened the action of the heart. The urine cleared up

and albumen almost disappeared. Notwithstanding this improvement, the tongue remained in a most unsatisfactory state, maintaining its ramifiable look. In the morning it had a dry baked appearance, and when patient was very low or had spent a very restless night, the teeth & gums were covered with Sordes. The tongue also ulcerated, sloughs forming on the surface. When moist, it occasionally presented a bluish tinge. Its aspect during the illness formed a pretty fair index as to his general condition at the time.

Tincture of the Perchloride of Iron was the only medicine which seemed to have any influence over it. Bismuth Arsenic & Hydrocyanic Acid were of no avail.

With the improvement in the condition of the internal organs pulse & temperature became almost normal, though there were occasionally slight exacerbations of feverishness. The mental faculties, however,

Seemed to become more impaired. The loss of memory became very marked and illusions & delusions began to annoy, rendering him at times almost maniacal. At one time he was in a perfect state of terror, imagining all sorts of animals to be underneath the bed clothes; at another, that there were people in the room who had designs on his life. On other occasions he was receiving distinguished visitors, and you find ^{would} him sitting up deferentially, under the impression that he was in the presence of the Marquis Salisbury or some other Magnate. As time went on the Nervous System seemingly became more involved. The fingers became very sensitive, and hands quite powerless, so that patient had to be fed. The legs became completely paralysed, while muscular atrophy became extreme, affecting all the muscles of the body.

The skin also seemed to participate in the general wasting, the face especially becoming very sleek & glossy, contrasting strongly with the coarse appearance of the skin when first seen. The abdomen rather protuberant at first became quite sunken, except when distended with flatulence, which latterly proved very troublesome. The bowels & bladder now also began to give trouble. The bowels became very irregular, Constipation at first alternating with Diarrhoea & great fluidity of motions. Latterly the Diarrhoea persisted, and to such a degree, that the patient had simply to be dressed like a baby the motions running from him unconsciously. There was also considerable difficulty experienced in passing water, 36 hours frequently elapsing without any being passed, & only then under pressure. The mere attempt to pass a Catheter seemed to excite contraction of the Bladder, however.

There was no incontinence. The patient was now in a perfectly helpless condition, and as moving still seemed to cause him considerable pain, we were forced to keep him lying pretty much in the one position. As a result of this large bedsores formed on back and buttocks, showing the low state of vitality of the tissues. An air bed was however procured, and by constant attention to cleanliness & careful dressing, the sores were gradually healed. The delusions and delirium had by this time passed off, the patient having now lapsed into a dull apathetic condition, indifferent to what was going on around him, seemingly understanding any questions that were put to him, but never venturing a remark. If he made an answer to your question, it was in a whisper, and at times inaudible. While in this state also, the pulse would occasionally fall to

65 or 60, and when asleep, his breathing would at times become suspirious. Subcaltus and muscular tremors, with violent startings during sleep were also marked. During sleep the eyes occasionally remained half open, displaying part of sclerotic, and this, with the slight temporary cessation of breathing, would give him a death like look. We had still, however, occasional flushing of the face and temporary quickening of the pulse. I should also state that the eyes would frequently fill with tears, though during the earlier months in his quieter moments, this was also noticeable. Occasionally, during the illness, when patient was unusually low, I was forced to try a little brandy, but shortly afterwards it was noticed that the pains became more severe, showing conclusively the influence which stimulants had in the exacerbation of the complaint.

Having thus reached such a low ebb, I began to think the end was not far off. From this point, however, & within a short time afterwards, symptoms of amendment began to show themselves. The nervous symptoms alluded to in last paragraph gradually passed off, the pains subsided, while water was passed more regularly. Diarrhoea & flatulence also became less troublesome. Shortly afterwards hands and arms began to gain in strength. These signs of improvement appeared in February last, some 7 months ^{after} ~~since~~ the time of my first visit. By the end of March, he could raise himself up by means of hand & arms, but could not maintain himself long in that position owing to tiredness & faintness. It was also noticed that he could draw his legs up a little in bed. The feet had also a tendency to fall together as patient lay on his back,

The appearance presented being somewhat similar to that of Talipes Varus. The extensors of the foot were evidently more seriously involved than the Flexors. I should also state that up till now patient would not allow his legs to be separated. They were kept quite stiff & had to be moved together. I suppose the fear of pain accounted for this. I also noticed at this time, contraction of the great toe of the right foot, and on the sole of each foot towards the centre of the arch a very tender spot.

During April there was slight return of the delusions. Tactile sensation was much more acute. He could now raise his feet from the bed and separate the legs, while the soles were much less tender. He was still somewhat dull & stolid and betrayed emotion at times, while memory was still very much impaired. Bowels now acted

more regularly, though motions were still passed unconsciously in a napkin. Bladder now gave no trouble, though patient only passed water when asked.

During May, had still occasional attacks of Diarrhoea, which have retarded recovery very much. He was now conscious however when the bowels were going to move, and asked to pass water. Legs and Arms steadily increased in strength, so that he was now able to swing himself out of bed and put his feet to the ground. The mind also by this time had begun to clear up, patient expressing himself rationally, stating an interest in what was going on.

I need not extend my report further, beyond stating, that, up till time of writing patient is steadily improving mentally & physically, and that I am now confidently anticipating a complete recovery.

So far as pathology of complaint is concerned I can only make it a matter of conjecture. The symptoms manifested would point to some very extensive involvement of the Nervous system, both Brain and Spinal Cord being implicated. In some recorded cases, more particularly those by Dr. Handfield Jones, there were no Cerebral symptoms, the brain evidently enjoying a complete immunity. Such cases would thus point to a purely Spinal lesion, and tend to bear out the theory propounded by Moxon, that the disease is due to an imperfect supply of blood to the lower part of the Spinal Cord, through changes in the blood vessels and the Cardiac force. In the case before us, however, the cerebral symptoms are strongly marked, the severe headache, the loss of memory, the delirium and the delusions, all pointing to implication of the Brain or its membranes.

The spinal symptoms, however, were no less prominent; the ataxia, the difficulty of micturition, the semi-paralyzed condition of the bowels, suggesting some lesion of the cord in its lower part; while the rapid wasting, might indicate some interference with the centres of nutrition in the Anterior Cornua. Hun, Dreschfeld & Laceroux have, however, by post-mortem examination, satisfied themselves that the Spinal Cord is quite healthy, and I think the fact of a patient recovering from such an apparently hopeless condition, proves at least, that in cases which do recover, there is no serious organic change of any kind. According to Hun, the lesion is in all probability a degeneration of the peripheral nerve fibres and of the nerve cells in the cerebral cortex, with a chronic congestion or inflammation of the Pia Mater. He considers the neuralgic pains, parasthesia, hyperaesthesia, & muscular weakness met with in the early stage, to be

amplifiedly accounted for by this general
Nervitis, the conduction of nervous impulses
along the inflamed Nerves being difficult
and painful; and further, when the nerves
have become degenerated and destroyed,
we have cutaneous Anaesthesia & paralysis.
The destruction of nerve fibres and of muscular
Sense would also explain, he thinks, the absence
of the Patellar Tendon Reflex, with inco-ordination
or ignorance of patient as to the position of his limbs,
while, the mental symptoms he considers
due to the degeneration & shrinking of the Nerve
cells in the Cerebral Cortex, and to the Congestion
of the Pia Mater, with effusion of Serum into the
Sub-arachnoid space.

This latter theory I think best explains
the symptoms, though perhaps it does not sufficiently
account for the marked implication of bones &
bladder. This seems, however, to have been
an unusual feature, as I can see no

mention of it in the recorded cases that have come under my notice. That this was an extreme case will readily be admitted, & considering the seemingly desperate condition from which the patient rallied, I would not readily despair of any other such case no matter how far reduced.

The second case which I have to record is one of Hemiplegia, the paralysis coming on suddenly during the course of an attack of Scarlet Fever. The patient was a boy 6 years of age strong & healthy looking. The family history is not very satisfactory, one child having died at the age of $2\frac{1}{2}$ yrs. from convulsions & paralysis, while another died of Diphtheria. On 18th Aug. 1885 patient showed symptoms pointing to Scarlet Fever. On 20th rash made its appearance, well marked, and general. The throat symptoms were very severe, it

its appearance suggesting Diphtheria. There was also considerable glandular swelling, with discharge from nose, and marked factor of breath. The ^{real} presence of Scarlet Fever at the time, however, the characteristic rash, and the aspect of the tongue, were I think conclusive. The temperature rose to Fahr. 103°. Under the influence of Iron & Chlorate of Potash the throat improved and the case seemed to be going on satisfactorily. There was no dropsy nor any evidence of Congestion of kidney. The heart unfortunately was not examined previous to the paralysis, but afterwards there was no trace, nor is there now any evidence, of patient having suffered from Endocarditis. On 12th day he had a violent attack of Haemorrhage from mouth & nostrils, leaving him in state of collapse. Three hours later convulsions set in & unconsciousness supervened. In this condition patient remained for some 48 hours, the pupils failing to respond

to light. Gradually, however, consciousness returned, and by the end of the third day he was fairly sensible. It was then found that left arm, left leg, and left side of face were paralyzed. There was also partial, if not total, blindness for some days. There was great difficulty in swallowing, liquids finding their way into nose & larynx, and running out at the angle of the mouth. Deafness more particularly on left side was also noticeable. Speech was affected, the voice being husky, thick, and hesitating. Urine was passed involuntarily, but bowels did not move. By the end of the second week distinct signs of amendment were manifest. Bladder & bowels gradually recovered themselves, while defective vision & dulness of hearing slowly improved and passed off. Difficulty in swallowing & defective articulation proved more tedious. Left leg, left arm, and left

Side of face remained completely paralysed. With loss of Motor power there was also loss of heat and sensibility. The patellar tendon, Cremasteric, & Plantar Reflexes were found absent. The fever having subsided Cinchona & Mor. Vomica were given, while shortly afterwards friction, Shampooing, & electricity were resorted to & steadily persevered with. By the end of three months the facial paralysis had markedly improved. The muscles of Arm & leg had undergone a considerable atrophy, but there were encouraging signs of returning power. The sensor muscles had evidently suffered most; the fingers of the left hand were contracted, while the thumb was drawn into the palm. Any movements communicated to the Arm at this time were all from the shoulder.

By the end of 6 mos., electricity having been steadily persevered with, patient was

able to move about by the aid of a stick. The improvement in the condition of the leg was much more marked than in the arm, while facial paralysis had almost passed off. The muscles were still small but firmer and better nourished. He could control his arm from the elbow, though the wrist was still powerless and fingers contracted. Temperature sensibility was also heightened. The patellar tendon reflex absent at first, was now exaggerated while the muscles responded more markedly to the electric current on the affected side than on the sound side.

Some four months later and at time of writing, patient is able to run about though stumbling occasionally. He can perform more varied movements with the arm, the wrist being stronger & the fingers not so firmly contracted. The Supinator longus & Extensor muscles of forearm are still considerably affected, but from the steady

progress which he has made I think there is some prospect of his ultimate recovery. Treatment, including some good diet electricity Cold douche, friction with oily liniments, and every variety of exercise has been most assiduously persevered with, the boy's father for the last 10 months having done nothing else but attend to him.

This case I consider interesting not only for its rarity, but on account of the satisfactory progress made by the patient. Having looked into all the Medical literature on the subject to which I could gain access, I can find only two cases that approach to this; one reported by Hughlings Jackson in the Medical Times & Gazette of 1862, & another, by Dr. Finlayson in the London Obstetrical Journal of 1876. There are marked points of difference, however. In Dr. Finlayson's case, the convulsions & paralysis followed on Albuminuria & Dropsy;

while, in Dr. Jackson's case, the patient had recovered from the fever, the paralytic attack coming on some weeks after the onset of *Scarlatina*. Blood was also vomited in this latter case previous to the attack, but the paralysis was not so extensive, nor ^{did} the lesion seemingly involve such vital nerve centres. The recovery also was much less satisfactory. Dr. Jackson supposed the paralysis to be due to plugging of the left Middle Cerebral Artery as a result of Endocarditis. In this case under consideration, I do not think the paralysis can be explained by any such lesion; for, there is no valvular disease, nor any evidence of patient having suffered from Endocarditis, so far as I can make out. The paralysis must have ~~to~~ been due I think to a considerable Haemorrhage into the Brain, occurring probably at the same time as the Haematemesis, or shortly afterwards. The changes

in the blood and walls of the blood vessels,
resulting from the action of the Scarlatinal poison,
may have been the predisposing cause.
As to the exact site of the Hæmorrhage, I think
the probability is that it took place in the
neighbourhood of the Right Corpora Striata,
the blood being considerable in amount and
rapidly effused. The pressure produced by
the effused blood, & by the secondary œdema
of the tissues immediately surrounding the
effusion, must have seriously interfered with
other neighbouring Ganglia; and, in this way
the Centres of Deglutition, Mastication, Sight
& hearing may have become involved. The rapid
absorption of the *Rigor Sanguinis*, and the
consequent relief of the surrounding œdema,
would account for the speedy passing off
of the graver symptoms. Had the effusion
been into Pons or Medulla as I at first suspected,
these symptoms I suppose would have been

more permanent, the paralysis more general,
and the issue in all probability fatal.

My third case, which I will narrate
briefly, is to me, at least, a somewhat obscure
form of nervous affection, and one to which
I have difficulty in attaching a name.
There are certain features which suggest
Chorea, while others point to Hysteria, but I
do not think either term sufficiently explains
it, as there are peculiar symptoms manifested
which are foreign to both of these affections.
The patient is a young girl 20 years of age
suffering from Clonic Spasms of face, arms,
legs, & occasionally of neck. She has suffered
from the common ailments of infancy & childhood
but made satisfactory recovery. Twelve months
ago she had an attack of Diphtheria & since
then has been in an unsatisfactory state of
health. Menstruation was irregular & scanty.

On 10th Oct. 1883, on account of Dental Abscess
& general decay of the teeth, she was recommended
to get her teeth extracted & consequently
at one sitting she got rid of 27. Two days
afterwards she noticed twitching of right
side of face, eyelid, and upper lip. The
twitching rapidly passed into left side of
face, ^{the limbs} hands & feet affecting right side most,
however. Regarding the gums, I may state that
after extraction they bled very freely, and for
about one month after operation remained
very tender, though now they give no uneasiness.
The spasms are regular & rhythmical and without
intermission, except when asleep. As a rule they
are limited to one side of the body, though
occasionally, under excitement, they become
general. When spasms are very violent,
the right side of the face gets puckered looking
as if swollen, while the mouth is strongly contracted,
the gums being rubbed violently on each other.

The cheeks also may be drawn in and a smacking sound produced by the Suction. As in Chorea, the movements are very much exaggerated when attention is drawn to them, but they have not the irregularity of Choric movements, nor is there any Cardiac Murmur. There is no history of Rheumatism, and the tongue also is protruded naturally, & not in the abrupt spasmodic manner of Chorea. When patient is comparatively quiet, and you attempt to hold arm or hand steady, the movements in the other are greatly increased; while, if you hold both arms, the legs & face begin to twitch most violently. Previous to patient getting teeth extracted, she had what seems to have been an hysterical attack. She had also been troubled with pain in the back, & on examining the spine I found a markedly tender spot over Lumbar region. The application of a blister removed this, but

without any noticeable abatement of the spasms. There are no other symptoms of Hysteria. The patient is quite rational and intelligent and does her utmost to control the movements. Under the influence of Iron and Belladonna she began to menstruate regularly. For some time patient got very little sleep, owing to the violence of the contractions; but latterly she has slept better, the spasms however coming on as soon as consciousness returns. She has now been 9 months under treatment without any decided improvement. Arsenic, Zinc, Silver, Valerian & Bromide have been of little avail. From Iron & Belladonna she derived slight temporary benefit, but it was not sustained. The legs are getting very weak from disuse, the patient being forced to keep quiet owing to movement exciting the spasms. There are no signs of paralysis, sensation seems perfect.

Regarding etiology & pathology I have not much to offer. I suppose the peripheral irritation produced by the extraction of the teeth & laceration of the gums, in a patient in a somewhat debilitated condition, must have been the exciting cause. The irritation of the terminal filaments of the sensory Nerves, supplying teeth & gums, being transmitted to the Cerebrum, may have produced a polarized condition of the Central Nerve Nuclei, from whence are reflected the motor phenomena. The main Centre of irritation would seem, however, to be situated in the Left Cerebral Hemisphere, as the right side of the body is most affected. The fact, however, of the spasms also affecting the left side, and more particularly when any attempt is made to restrict the movements on the right side, might go to prove the close connection,

alleged by Dr. Broadbent, to subsist between the corresponding Nerve Nuclei of opposite sides, both being more or less in a highly irritable condition.

Regarding the future progress of the case it is hard to speak with confidence, as so far the efficacy of Medicine has been unsatisfactory and discouraging.

Such in detail are the three Cases which I have considered of sufficient interest to form the framework of this paper.

